In her final article on overseas nurses working in the UK, Zita McGregor suggests ways to improve the immigration process.

**Just cut the red tape**

I spoke recently to non-UK nursing students and newly qualified nurses about their experience of the immigration process. They described similar feelings of frustration, discrimination and uncertainty to my own.

The frequent visits to the Home Office to renew a student visa, the long wait for a work permit once qualified, and not knowing what is going on were all cited as difficulties. I asked what would make the experience better, and this is what they wished for:

- Someone to explain the system.
- Support with filling out the application forms for student visa renewal.
- Support while waiting for the work permit.
- Information from the trust about the progress of their work permit application.

Obviously there is a need for immigration controls, but there are lessons to be learnt from our experiences. For example, colleges could explain the student visa process during orientation week and offer support to those experiencing difficulties. College staff could help students complete their applications so individuals would not have to miss days from college to get it done themselves.

Employers should give prospective employees frequent updates on the progress of their work permit applications. Some trusts have realised how important this is to reduce stress and anxiety. Trusts could set up peer support groups — it helps to know you are not the only one going through this process.

The immigration department is, it seems, trying to reduce the difficulties people face through proposals in the Immigration and Nationality Directorate document Fairer, Faster and Firmer. These include simplifying the system and speeding up the application process. But it must do this in consultation with the employers, students and nurses who have experienced it.

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Zita McGregor is a community psychiatric nurse at the South London and Maudsley NHS Trust.

**Increasing coercion**

Driven by fear of litigation, the mental health service relies on a culture of containment rather than meeting individual need, writes Jeremy Laurance.

During 18 months observing the mental health services at work, I have joined ward rounds, outpatient clinics, crisis teams and home visits — and talked with professionals, charity workers and consumer groups. What I found is a service driven by fear, in which risk avoidance through containment is the priority. In every encounter with a person who is mentally ill the question uppermost in the minds of professionals is: 'Will this person kill themselves or someone else?' The fear of being hauled in front of an inquiry is paramount. The result is a crisis service with little to prevent crises occurring or to provide support afterwards. It relies heavily on drugs and locking people up, and is focused on public protection rather than individual need.

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Increasing coercion

One measure of the increasingly coercive service is the growing number of people forcibly admitted to psychiatric hospital — up by half in the past ten years from 18,000 in 1990-1991, to 26,700 in 2000-2001. Thousands more go into hospital voluntarily for treatment and are later refused permission to leave; these numbers have also risen sharply. The result is that almost 50,000 people were detained in mental hospitals last year, 20,000 more than a decade ago.

Psychiatry has always been about balancing care and control. But pressure from a government and public averse to risk and bent on pinning blame when things go wrong has produced a culture of containment. It is seen in increasing detention, rising prescribing, supervised discharge, registers of dangerous patients and locked wards.

Locked in fear

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The rise of the consumers’ movement in mental health is the most striking development. There is enormous dissatisfaction with the service’s emphasis on risk reduction and medication. Patients dislike powerful drugs and a growing number object to the bio-medical approach. This defines their problems as illnesses to be medicated rather than as social and psychological difficulties to be resolved with other kinds of help.

The government’s response has been barmy. It has embarked on a boost to community care with extra funding, a national service framework overseen by a mental health tsar and the creation of hundreds of new community teams aimed at providing a more flexible and responsive service.

But on the other hand proposals in its draft Mental Health Bill pander to public prejudice. Almost every homicide inquiry over the past decade has identified the loss of contact with services as a crucial factor. The way to deal with this is not to increase coercion with a new heavy-handed law, but to provide services that are accessible and attractive to the users. These misguided proposals risk undermining the government’s own community care strategy — and also risk driving people who are mentally ill away from services rather than securing their engagement, which is essential to keeping them, and us, safe.

Jeremy Laurance is health editor of The Independent.